

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Jennifer S. Clark			2. PHONE NUMBER 406-542-8851		3. DATE 8/29/2022	
4. MAILING ADDRESS P.O. Box 8329			5. E-MAIL ADDRESS jennifer.clark2@usdoj.gov		6. CITY Missoula	7. STATE MT
8. ZIP CODE 59807		9. JUDGE Christensen		10. CASE NAME US v. Michael Blake Defrance		
11. U.S. DISTRICT COURT CASE NUMBER CR 21-00029-M-DLC				12. COURT OF APPEALS CASE NUMBER		
13. ORDER FOR						
<input checked="" type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify						
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.						
PORTIONS		DATE(S)	REPORTER	PORTIONS		DATE(S)
Change of Plea				Closing Argument - Plaintiff		
Pre-trial Proceeding				Closing Argument - Defendant		
Voir Dire				Settlement Instructions		
Opening Statement - Plaintiff				Jury Instructions		
Opening Statement - Defendant				Sentencing		
Testimony - Specify Witness				Other - Specify Motion Hearing		9/13/2021
						Stacy Baldwin
15. ORDER						
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.		
				Paper	Electronic Specify File Format	
30-Day (Ordinary)	\$3.65/page <input type="checkbox"/>	\$.90/ page <input checked="" type="checkbox"/>	\$.60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index	
14-Day	\$4.25/page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
3- Day	\$5.45/ page <input type="checkbox"/>	\$1.05/ page <input type="checkbox"/>	\$.75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT						
<p align="center">E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.</p> <p align="center">If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing. Financial arrangements must be made with the court reporter before transcript is prepared.</p>						
I certify that this form has been served on the court reporter this date: <u>8/29/2022</u> Attorney signature: <u>/s/ Jennifer S. Clark</u>						